Democratic Legislative	Office (if applicable)		·	District of the second
2351 N Rampart #341 Mailing Address (include ty and zip code) E-Mail Address	Las legas, 1	1 88178	Telephone No.	District (if applicable)
	,			
Select Appropriate Box(es) CANDIDATE PAC	□BAG POL	PRTY INDEX	P AMENDED	ANNUAL FILING
Annual Filing - Due January Period: January 1, 2003 - December 31, 200	15, 2004		(2)	FHE
Report #1 — Due August 31, 200	14		\Y. 2	/ W
cumpents in an Office with a 4-year term Period:	Jan. 5, 2001 Aug 2	26, 2004	JAL , L	1/1/4 2005
li Others Period:	Dec. 20, 1998 — Aug. 24	Dec. 20, 1998 — Aug 26, 2004 Jan. 1, 2004 – Aug. 26, 2004		entities
allot Advocacy Groups (BAGs) only: Period:	Dec. 5, 2002 - Aug 2	6, 2004 6, 2004	DE/	N HELLER FARY OF STATE
Report #2 Due — October 26, 20	na		SECRE	ART OF STATE
Period:	Aug. 27, 2004 — Oct.	21, 2004	FOR	OFFICE USE ONLY
Report #3 Due — January 15, 200		•	<u> </u>	
Period:	Oct. 22, 2004 - Dec.	31, 2004		
AGs only: Period:	Oct. 22, 2004 - Dec. 5	5, 2004		
Annual Filing – Due January 15, 2 Period: January 1, 2004 – December 3 hird Report suffices for 2005 Annual Filing	1 10004	filed Report No	s. 1 and 2	
CONTRIBUTIONS				Cumulative
CONTRIBUTIONS SUMMAR	₹Y		This Period	From Beginning of Report Period #1 through End of This Reporting
Total Monetary Contributions Received in Ex			\$3000	\$14,500
2. Total Monetary Contributions Received of \$100 or Less				0
	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting		
3. Total Amount of Monetary Contributions Received		Period	_	
(Add Lines 1 and 2) 4. Total Value of In Kind Contributions Received	t.	ı	<u>\$3000_</u>	\$14,500
Excess of \$100	<u>o</u>	0		
			-	
	XPENSES SUN	MMARY		
5. Total Monetary Expenses Paid in Excess of \$		4	בעים אל ביו	ACD 4234
 Total Monetary Expenses Paid of \$100 or Less Total Amount of All Monetary Expenses Pai 	; d	5	PT/01.01	<i>\$53</i> ,033.\ \$53,033.4
(Add Lines 5 and 6)	u	4	K4724 24	& 52 ADD //
Total Value of In Kind Expenses in Excess of \$100	_	*	TI SE TI CLT	4-1033.4
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are Under Penalty of Perjury That the Foregoin	ng is True and Corr	rect.		
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Democratic L	egisi	ative	Caucus (if applicable)
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District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE
Sprint PO Box 7977, Shawnee Mission, KS 66207 Sierra Health Services PO Box 15645 Las Vegas, NV 89114	11/9/04	\$2000	
Sierra Health Services PO Box 15645 Las Veges, NV 89114	12/28/04	\$2000	

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